

APPENDIX A



STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)

Type or print all information clearly:

Name of source: Scott T Cathy Work phone #: (603) 223-4200

Work address: 98 Smokey Bear Blvd, Concord NH 03301

Office/Appointment/Employment held: Captain - Accreditation and Certification

List the full name, post office address, occupation, and principal place of business, if any, of the source of any reportable honorarium or expense reimbursement.

Source of Honorarium or Expense Reimbursement:

Name of source: Work phone #: (First) (Middle) (Last)

Post Office address:

Occupation:

Principal place of business:

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If source is a corporation or other entity:

Name of corporation or entity: The Pro Board

NEW HAMPSHIRE DEPARTMENT OF STATE

Name of corporate/entity representative: Betsy Cabrera

Work address of representative: PO Box 690632, Quincy, MA 02269

Food and/or beverages consumed pursuant to RSA 15-B:6, II with value over \$25.00

Value of honorarium: Date received:

If exact value is unknown, provide an estimate of the value of the gift or honorarium and identify the value as an estimate.

Exact: Estimate: \$1,600

Value of expense reimbursement: Date received:

A copy of the agenda or an equivalent document must be attached to this filing.

Exact: Estimate:

Briefly describe the service or event this honorarium or expense reimbursement relates to:

Being a member of the ProBoard the Division has the expenses of one person paid to attend the conference. This would include, airfare, hotel accommodations and meals during the event

"I have read RSA 15-B and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief."

Signature of filer:

Date filed: 9 FEB 17

9/07

RSA 15-B:9 Penalty: Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301